

# OHA - DWS

## Membrane Filter Monthly Operating Report

County: **Marion**

System Name: **Gates, City of**

Month/Year: **May-2024**

PWS ID#: 41 - **00317**

Minimum test pressure applied: **10.5** psi

Plant ID: WTP - **A**  
(e.g., "A")

Minimum test pressure req'd: **10** psi

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇄

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR<sub>Max</sub> [<sup>psi</sup>/<sub>min</sub>]  
**0.130**

LRC [log removal]  
**4.00**

DIT  
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [ <sup>psi</sup> / <sub>min</sub> ]	Lowest LRV <sub>ambient</sub> of day [log removal]	[Y/N] or "off"
1						Off
2						Off
3	0.030	0.03			>4.77	Y
4						Off
5						Off
6	0.029	0.03			>4.77	Y
7						Off
8	0.027	0.03			>4.77	Y
9						Off
10						Off
11	0.029	0.03			>4.77	Y
12						Off
13						Off
14	0.029	0.03			>4.77	Y
15						Off
16	0.028	0.03			>4.77	Y
17						Off
18	0.028	0.03			>4.77	Y
19						Off
20						Off
21	0.030	0.03			>4.77	Y
22						Off
23						Off
24	0.029	0.03			>4.77	Y
25						Off
26						Off
27	0.029	0.03			>4.77	Y
28						Off
29						Off
30	0.029	0.03			>4.77	Y
31						Off

**Compliance summary (operator to complete any blank fields)**

95% of daily turbidity readings ≤ 1 NTU? [Y/N] <b>Yes</b>	All turbidity readings ≤ 5 NTU? [Y/N] <b>Yes</b>	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] <b>Yes</b>	Performance std met? [Y/N] (PDR ≤ PDR <sub>Max</sub> , LRV ≥ LRC) <b>yes</b>	DIT Daily? <b>Yes</b>
CT's met daily? (p. 2) <b>Yes</b>	All Cl <sub>2</sub> residual at EP ≥ 0.2 mg/L? <b>Yes</b>	PDR ≤ PDR <sub>Max</sub> ? <b>Yes</b>	LRV <sub>ambient</sub> ≥ LRC? <b>yes</b>	

PRINTED NAME: **Gregory R Benthin**      DATE: **10-May-24**  
 SIGNATURE: *Gregory R Benthin*      WT CERT #: **5244**  
 Notes:      PHONE #: **503-897-2669**

\* Used for optimization purposes only.

**Disinfection Monthly Operating Report**

System Name: Gates, City of

PWS ID#: 41 - 00317

Plant ID : WTP - A

**0.5**

↳ Log Inactivation Required via Disinfection

Day	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User ( C ) * [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1									Plant Off
2									Plant Off
3	1.100	120	132.0	14.3	8.76	27.6	YES	210	3:30 PM
4									Plant Off
5									Plant Off
6	0.780	120	93.6	13.7	8.93	29.5	YES	210	1:35 PM
7									Plant Off
8	0.840	120	100.8	14.3	8.76	26.8	YES	210	2:30 PM
9									Plant Off
10									Plant Off
11	0.830	120	99.6	14.2	8.68	26.2	YES	210	1:16 PM
12									Plant Off
13									Plant Off
14	1.110	120	133.2	14.9	8.55	24.6	YES	210	1:25 PM
15									Plant Off
16	0.800	120	96.0	14.5	8.60	24.8	YES	210	1:40 PM
17									Plant Off
18	0.910	120	109.2	12.9	8.77	29.8	YES	210	1:15 PM
19									Plant Off
20									Plant Off
21	1.030	120	123.6	16.1	8.81	24.8	YES	210	4:00 PM
22									Plant Off
23									Plant Off
24	0.830	120	99.6	15.7	8.73	24.2	YES	210	4:00 PM
25									Plant Off
26									Plant Off
27	1.150	120	138.0	13.5	8.84	30.1	YES	210	1:20 PM
28									Plant Off
29									Plant Off
30	0.890	120	106.8	16.2	8.76	23.8	YES	210	1:36 PM
31									Plant Off

\* If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

**Submit this monthly report by the 10<sup>th</sup> of following month by**

mail: Drinking Water Services  
 PO Box 14350  
 Portland, OR 97293-0350  
 email: [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)  
 fax: 971-673-0458